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JOHNS HOPKINS
BAYVIEW MEDICAL CENTER

Michael P. Smith
Salsbury Clements Bekman Marder & Adkins, L.L.C.
300 West Pratt Street, Suite 450
Baltimore, Maryland 21201

RE: William Lockwood

August 8, 2002

Dear Mr. Smith,

I would assume you have all of the paperwork for Billy's surgeries for repair of bilateral facial fractures and mandible fracture. He required several surgeries on his mandible, and complex soft tissue coverage. He also required revision of his right lower eyelid scar secondary to lid retraction. I last saw Billy on June 15, 2000 at which time he looked very well. He was undergoing dental restoration by Dr. Michael Schwartz. Billy was still adjusting psychologically to the whole trauma. At that time we were talking about reconstructive rhinoplasty, which he opted to arrange at a later time. I would have to see him again to determine exactly what he would need with regard to that surgery. It would be outpatient. Our billing department would have to be contacted for specific pricing.

From when I last saw him, Billy was not limited by his injuries physically. My main concerns were psychological adjustment, with which he seemed to be doing quite well considering all he had been through. I think Dr. Schwartz can give you a better sense of what is needed for his jaw and dentition.

Please let me know if I may be of further assistance.

Sincerely,

Michele Shermak, M.D.

PLAINTIFF'S
EXHIBIT
A

Division Of Plastic And Reconstructive Surgery

Albert J. Spence, M.D., F.A.C.S.

Chief

Lesley Wong, M.D., F.A.C.S.

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JOHNS HOPKINS

BAYVIEW MEDICAL CENTER

RE: William Lockwood

October 12, 1999

Dear Dr. Schwartz,

I am writing you regarding a patient whom you saw in consultation named William Lockwood. I met with him and his mother today in the office, and they told me you would be assisting in his dental restoration. I would like to briefly summarize for you his care up to this point.

Billy was first admitted to Bayview on June 7, 1999 after sustaining bilateral LeFort facial fractures as well as a complex mandibular symphyseal fracture with anterior cortical bone loss and loss of his upper and lower central incisors. ORIF of the facial fractures and initial repair of the mandible were performed on June 7th. He was taken back for revision of the IMF on June 14th. These procedures were performed under the direction of Dr. Spence. I took over Billy's care while Dr. Spence was out of town. The patient had a follow-up CT which demonstrated that the TM joints were laterally displaced and the mandibular repair was inadequate. William therefore returned to the OR on June 29th for repeat reduction of the mandibular symphyseal fracture. We removed the single 2.4 Synthes border plate and replaced it with a (more acutely bent) 2.0 Synthes border plate and a 1.5 tension band. The reduction was improved, as revealed by the post-operative CT. At that surgical procedure we had a difficult time approximating the gingivobuccal soft tissue secondary to scarring and avulsive injury at the initial accident. The wound was dehisced in a post-operative visit, so William again returned to the OR on July 12th for debridement and closure of the oral wound with a facial artery axial intraoral flap (FAMM flap). The flap healed well, and Billy had arch bars removed August 10, 1999.

Billy's mother said you plan to first perform root canals and extractions on October 22, 1999, with plans to ultimately bone graft the upper and lower alveolar bone in preparation for dental implants. Apparently the facial hardware may become a problem, and would benefit from removal. In addition, Billy's mother is requesting that Billy have a tip rhinoplasty to correct deviation and flattening she says occurred from the accident. I will continue to discuss these procedures with the patient and his family. I would like to perform these procedures when in conjunction with your bone grafting procedure, if possible.

Please contact me if you have any further questions about Billy. I'd also be interested to hear how everything is going from your end.

Sincerely yours,
Michele

Michele Shermak, M.D.